Provider Portal
Preauthorization Training Material

HPSJ’s New Electronic Medical Management System –
(the Enhanced DRE provider Portal)
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To create a new authorization request, click on **New Request**.
Before an authorization can be created, you will first need to search for the patient.

Enter the search information in the required fields and click “Search”.

If found, the member information will be displayed below the search dialog.

The Member’s name is a hyperlink.

When you click on the hyperlink, you will begin creating a preauthorization for the selected member.
Portal Select Member and Classification

This is where you will start entering the information needed in order to make a determination for your authorization request.

- The “Member” is automatically filled in by information that was entered in the Provider Portal.
- Select “Submitted By” and then select “DME”, “Inpatient”, “Outpatient” or “Pharmacy” for the Auth Class. Select Auth Sub-Class.
- To prevent duplicates, if any authorizations were submitted within the last 12 months for this member under the same Auth-class, they will generate below. Please check to make sure you are not submitting a duplicate request
- If needed, Click the button to expand the line for more details.
- This also lets you verify that this authorization hasn’t already been previously submitted.
- Click “Continue”.

For Help, contact Customer Service @ 1-888-936-PLAN (7526)
The requesting provider is the provider submitting the request.

If necessary, the facility is where the service will be provided. Please do not put a provider name here.

The servicing provider is the provider who will provide the service.
- The requesting provider and servicing provider can be the same.

Only select Providers listed in black. If they are in red, it means they have termed.

We are required to notify every provider of every approval or denial so it is important to choose the correct provider.

To select the Provider, click on the button.

For Help, contact Customer Service @ 1-888-936-PLAN (7526)
Portal Complete Detail Fields

Enter the Diagnosis Code(s) – ICD-10 Codes

Step 1: Select a member and classification.

Step 2: Complete detail fields.

Fields in bold are required.

Member’s PCP: COMMUNITY MEDICAL CENTER KING (NPI 1164586772)

Requesting Provider: CESAR PABUSTAN, SAN JOAQUIN COUNTY SIGH (NPI 1992726020)

Facility: Enter Provider ID, NPI #, partial name or search.

Servicing Provider: Enter Provider ID, NPI #, partial name or leave blank for full search.

Diagnoses:

No diagnoses have been added.

Add: Enter a diagnosis code or part of the description.

Search

Services:

No services have been added.

Add: Enter a CPT/HCPCS code or part of the description.

Search

Dates of Service:

Priority: -- Select One --

Additional Information:

0 of 2000 Characters Used, 2000 Remaining

Search

Step 3: Attach supporting documentation.

Step 4: View confirmation and PDF summary.

For Help, contact Customer Service @ 1-888-936-PLAN (7526)
Portal Complete Detail Fields

Enter the Procedure Code(s) – HCPCS/CPT Codes (The codes your are billing for)

- If there is an exact match, the code will populate. If there are multiple results, a box will open up and you will need to select the correct code.

- You can only enter a code once, so if multiple items for a procedure are needed, enter the code once and the total number in the Quantity needed. For inpatient authorization requests, quantity equals number of days. Specify in the additional information box exactly what is needed. Quantity auto defaults to 1, so it is important to always check and update these.
Portal Complete Detail Fields
Select Dates of Service, Priority and enter Additional Information

• Select the Dates of Service, Priority and enter Additional Information.

• The auth will either be “Standard/Routine” or “Urgent” priority.

• Date of Service range reflects time frame for requested service. For example, MRI on 9/23/2017 to 9/23/2017.

• To ensure timely notification enter FAX number in addition information text box. Enter any other information that would be helpful to the reviewer in the. If the case is pended and will have to be reviewed, this information could help lead to a quicker decision.

• This is a free form text box, so enter as much information as you feel would be necessary. Don’t hesitate to provide information - this will always result in better service from HPSJ.

• Click “Submit Auth Request”.

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<thead>
<tr>
<th>Step 1:</th>
<th>Select a member and classification.</th>
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<tr>
<td>Step 2:</td>
<td>Complete detail fields.</td>
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<tr>
<td><strong>Step 3:</strong></td>
<td>Attach supporting documentation.</td>
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**Fields in bold are required.**

Do you have supporting documentation to accompany this authorization request? — Select One —

- CONTINUE

| Step 4: | View confirmation and PDF summary. |

- Documentation is required for **EVERY** authorization
- Step 3, when yes is selected. It will ask you to submit by attachment or by fax. Select appropriate response
- Select **Yes** or **No** and then click **Continue**.

Need to put screen shot of selection type of documentation
Once an authorization is submitted, a reference # is created. This number is unique to its particular request and can be used to reference this request.

Having an reference number does not mean the request has been approved.

By clicking on the Auth #, a summary window will open that can be exported or printed as a PDF for the patient’s file.

To Submit another request, click Submit Another Request.
• To check the status of an authorizations, login to the HPSJ Provider Portal.

• For authorizations created prior to 10/1/17, click on “Search Requests Created Before Oct 1 2017”. These authorizations were created using our legacy(DRE) system.

• For authorizations created after 10/1/17, please click on “Search Requests Created After Oct 1 2017”.

• For post 10/1/17 authorizations, this will redirect you to Essette, where you can search for an auth.
You can search by Auth #, Member ID, or Member Name. You can also search for a date range of auths.

Enter your information and click “Search”.

In the Search Results screen, the Auth # is a hyperlink that will open a summary of the request. Click on the “Auth #” for more information.
Portal  Check Authorization Status

Click on appropriate Authorization.
Authorization Summary will appear

Authorization Summary

Scroll down to “notes”. You will see “Approval Period” with dates

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<th>Notes</th>
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